

**EASTERN AREA
PRIORITY TRAINING PROGRAM
NOMINATION FORM**

Official Use Only

Unit Priority by Position: __ of __.

Compact or Agency Priority by Position: __ of __.

COMPACT OR AGENCY _____

EMPLOYEE NAME: _____ E-MAIL ADDRESS: _____

HOME UNIT ID: _____ LOCAL DISPATCH OFFICE ID: _____

EMPLOYMENT CLASS (*Regular Agency or Emergency Fire Fighter*): _____

TRAINEE POSITION APPLYING FOR (*list only one*) _____

CURRENT "RED CARD" RATING _____

5-YEAR "RED CARD" POSITION GOAL _____

POINTS

_____ Trainee position is listed on one of the Type 2 IMT's identified in the EACG inventory.

Provide IMT name _____ (1 Pt.)

_____ Trainee position fulfills local agency initial attack (Type 3 Incidents) (5 Pts.)

_____ Trainee position fulfills mutual aid/compact initial attack (Type 3 Incidents) (5 Pts)

_____ Trainee position fulfills an agency requirement for position description/regular job (5 Pts)

_____ Task Book is in 3rd year of issue (4 Pts)

_____ Task Book is in 2nd year of issue (3 Pts)

_____ Task Book is in 1st year of issue (2 Pts)

_____ Employee needs trainee assignment to recertify in a position (4 Pts)

_____ TOTAL POINTS

COMMENTS/JUSTIFICATION

SIGNATURES

I agree to follow the Guidelines and Standard Operating Procedures the Priority Training program.

Trainee Signature

Date

I agree to support this program and make the above individual available for trainee assignments.

Supervisor Signature

Date

Local Agency Administrator Signature

Date

Attachment: IQS/IQCS Master Record